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| B1 (Official I  | Form 1)(04   |   | United   | States                                   | Bankı                                     | ruptcy                                   | Court   | 90 1 0.   | <u> </u>  |   | Val  |                                       | Dotition  |
|---|--|---|--|--|---|--|---|---|---|---|--|---------------------------------------|---|
|   |  |   | No   | rthern                                   | District                                  | of Illino                                | ois   |   |   |   | VOI  | umary                                 | Petition  |
| Name of De<br>Miller, C   |  |   | er Last, First   | Middle):                                 |   |  | Name  | of Joint De   | ebtor (Spouse   | ) (Last, First                          | , Middle):   |                                       |   |
|   | All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): |   |  |  |   |  |   | used by the J<br>maiden, and                                      |   |   | 3 years  |                                       |   |
| Last four dig<br>(if more than one  |  | Sec. or Indi  | vidual-Taxpa   | ayer I.D. (                              | ITIN)/Com                                 | plete EIN                                | Last for  | our digits o  | f Soc. Sec. or  | · Individual-                           | Taxpayer I.  | D. (ITIN) N                           | o./Complete EIN                                     |
| Street Addre 5040 Hig Lake in t   | ess of Debto   | Lane  | Street, City,  | and State)                               | :   |  |   | Address of  | Joint Debtor  | (No. and St                             | reet, City, a  | and State):                           |   |
|   |  |   |  |  | Г   | ZIP Code<br><b>60156</b>                 | :   |   |   |   |  |                                       | ZIP Code  |
| County of Ro  |  | of the Princ  | cipal Place o  | f Business                               | s:  |  | Count   | y of Reside   | ence or of the  | Principal Pla                           | ace of Busi  | ness:                                 | •   |
| Mailing Add   | lress of Deb   | otor (if diffe  | rent from str  | eet addres                               | ss):                                      |  | Mailir  | ng Address  | of Joint Debt   | or (if differe                          | nt from stre   | eet address):                         |   |
|   |  |   |  |  | Г   | ZIP Code                                 | :   |   |   |   |  |                                       | ZIP Code  |
| Location of I<br>(if different f  |  |   |  |  |   |  |   |   |   |   |  |                                       |   |
| (Form   | • •  | f Debtor  | one box)   |  |   | of Business                              | 3   |   | •   | of Bankrup<br>Petition is Fi            |  |                                       | ch  |
| (Form of Organization) (Check one box)  ■ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  □ Corporation (includes LLC and LLP)  □ Partnership  □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) |  |   | ☐ Health Care Business ☐ Single Asset Real Estate as de in 11 U.S.C. § 101 (51B) ☐ Railroad ☐ Stockbroker ☐ Commodity Broker ☐ Clearing Bank |  |   | s defined                                | Chapt Chapt Chapt Chapt Chapt Chapt   | er 7<br>er 9<br>er 11<br>er 12                                    | ☐ Cl<br>of<br>☐ Cl  | hapter 15 F<br>a Foreign<br>hapter 15 F | etition for F<br>Main Proce<br>etition for F<br>Nonmain Pr | eding<br>Recognition                  |   |
|   | -  | 15 Debtors  |  | Oth                                      |   | mpt Entity                               | 7   |   |   |   | e of Debts<br>k one box)                                   |                                       |   |
| Country of de<br>Each country<br>by, regarding,   | in which a fe  | oreign procee   | eding  | unde                                     |   | , if applicable empt organisthe United S | e)<br>zation<br>tates   | defined<br>"incurr  | are primarily co<br>d in 11 U.S.C. §<br>red by an indivi-<br>onal, family, or | 101(8) as<br>dual primarily             | for  |                                       | s are primarily<br>ness debts.                      |
|   |  | 8   | heck one box   | κ)                                       |   |  | one box:  |   | -   | ter 11 Debt                             |  |                                       |   |
| debtor is u Form 3A.  Filing Fee  | e to be paid in<br>ned application<br>anable to pay<br>waiver requ                                 | n installments<br>on for the cou<br>fee except in<br>ested (applica | (applicable to<br>urt's considerate<br>in installments.<br>able to chapter<br>urt's considerat   | ion certifyi<br>Rule 1006(<br>7 individu | ng that the (b). See Office als only). Mu | ial Check Check Check                    | Debtor is not<br>if:<br>Debtor's agg<br>are less than<br>all applicable<br>A plan is bein | a small busing regate nonco \$2,490,925 (as boxes: any filed with |   | defined in 11 Unated debts (exo         | U.S.C. § 101 cluding debts t on 4/01/16                    | (51D).  s owed to insiand every three | ders or affiliates) ee years thereafter). reditors, |
| Statistical/A   |  |   | ation  | for distri                               | bution to u                               |  |   | e with 11 U.S   | S.C. § 1126(b).   | THIS                                    | S SPACE IS   | FOR COURT                             | USE ONLY  |
| Debtor es   | stimates tha   | at, after any   | exempt prop<br>for distribut   | erty is ex                               | cluded and                                | administrat                              |   | es paid,  |   |   |  |                                       |   |
| Estimated No  | umber of C  50- 99   | reditors  100- 199  |  | 1,000-<br>5,000                          | 5,001-<br>10,000                          | 10,001-<br>25,000                        | 25,001-<br>50,000   | 50,001-<br>100,000  | OVER 100,000  |   |  |                                       |   |
| Estimated As  | \$50,001 to<br>\$100,000   | \$100,001 to<br>\$500,000   | \$500,001<br>to \$1  | \$1,000,001<br>to \$10<br>million        | \$10,000,001<br>to \$50<br>million        | \$50,000,001<br>to \$100<br>million      | \$100,000,001<br>to \$500<br>million  | \$500,000,001<br>to \$1 billion                                   |   |   |  |                                       |   |
| Estimated Li  \$0 to \$50,000   | \$50,001 to<br>\$100,000   | \$100,001 to<br>\$500,000   | \$500,001<br>to \$1  | \$1,000,001<br>to \$10<br>million        | \$10,000,001<br>to \$50<br>million        | \$50,000,001<br>to \$100<br>million      | \$100,000,001<br>to \$500<br>million  | \$500,000,001 to \$1 billion                                      |   |   |  |                                       |   |

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**B1** (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Miller, Carolyn L. (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: - None -Date Filed: Location Case Number: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). X /s/ JOHN H. REDFIELD ☐ Exhibit A is attached and made a part of this petition. March 16, 2015 Signature of Attorney for Debtor(s) (Date) JOHN H. REDFIELD Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Page 3 of 57 Document **B1** (Official Form 1)(04/13)

### **Voluntary Petition**

(This page must be completed and filed in every case)

#### **Signatures**

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

### X /s/ Carolyn L. Miller

Signature of Debtor Carolyn L. Miller

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

March 16, 2015

Date

### Signature of Attorney\*

#### X /s/ JOHN H. REDFIELD

Signature of Attorney for Debtor(s)

#### JOHN H. REDFIELD 2298090

Printed Name of Attorney for Debtor(s)

#### Crane, Heyman, Simon, Welch & Clar

Firm Name

**Suite 3705** 135 South LaSalle Street Chicago, IL 60603-4297

Address

#### 312-641-6777 Fax: 312-641-7114

Telephone Number

### March 16, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Name of Debtor(s):

Miller, Carolyn L.

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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| B1 (Official Form 1)(0-013)   | Page  |
|---|---|
| Voluntary Petition  | Name of Debta(s):<br>Miller, Carolyn L.   |
| (This poperaise by completed and filed in every case)   | L   |
|   | Galletts  |
| Signmers(s) of Debturit) (Individual/John)  | Signscare of a Foreign Representative   |
| I destine ander peculty of perjuty that the information provided in the petition is true and chitect. It is produced where debts are primarily consumer debts and this actioner is no nedwelland where debts are primarily consumer debts and that allower to file under chapter 7.11, 12, or 13 of the 11. United States Code, understand the relief analishts under each such chapter, and choose to proceed under chapter 7. [If we always represents the soil or hadronize petition preparer signs the petition] I have obtained and must the native required by 11 U.S.C. §342(b). | I disclars under pensity of perjusy that the teleprocession provided to the pentum is true and succept. Next I am the foreign representative of a definitive a foreign proceeding, and that I am sufferited to the this petition.  (Check only one bas.)  I request relief in accordance with chapter 15 of tide 11. United States Code.  Certified copies of the discounters required by \$1.17.5 \( \tilde{\text{C}} \) 15 to a conclusion.  I Pursuant to 13 U.S.C. \$1511, I request relief is accordance with the chapter. |
| I request inter to according a with the chapter of tide 11. United States Code, appended in this puttion.   | of title 11 specified in this petities. A confilled copy of the order sounds, pecitive is accounted.  |
| X Signature of Debtot) Carolyn L. Miller  | X Signature of Foreign Representative   |
| N   | Frinted Name of Foreign Reprosontative  |
| Signature of Joint Debtor   |   |
| 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Date  |
| Telephone Number (If not represented by atterney)   | Signature of Non-Attorney Bunkruptcy Petition Preparer  |
| March 13, 2918  | I declare under panelty of perjusy that (1) I am a backraptcy potition  |
| Date  | preparer as defised to 11 Ú S.C. § (10, (2)) I perpared that discountest for compensation and base provided the define with a copy of this document.  |
| Signature of Attorney's   | and the notices and information required under 11 U.S.C. 55 (1983),<br>110(b), and 342(b), and (3) (finites or published have been promitigated<br>parents in 11 U.S.C. § 110(b) series a resolution (see for services  |
| X Signature of Attorney for Debucie)  | chargeable by landeraphy position propurers, I have given the defect notice of the maximum possess before proparity any document for filling for a  |
| JOHN H. REDFIELD 2298090<br>Printed Name of Amounts for Debtor(s)   | deliter or accepting any fee time the deliter, as sequent in the switch<br>Official Form 19 is attential  |
| Grane, Heyman, Sunon, Weigh & Glaf  | Printed Name and title, if any, of Bankruptcy Polition Propaga  |
| Firm Name<br>Spice 3705   |   |
| 195 South LuSalle Street<br>Chicago, IL 50503-4297  | Social-Security number (If the bankrutney petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankrutney petition.   |
| Address   | preparer.)(Required by 1s U.S.C. § 110.)  |
| 312-841-8777 Ferc 312-841-7114<br>Telephose Muniter   |   |
| Mayeh 43, 2015  | Aldice  |
| Date the a case so which § 707(b)(4)(D) applies, the segment also constitutes a contidential that the approach has no knowledge after an inquery that the uniformation in the selectives is incorrect.  | X   |
| Signature of Bebier (Corporation/Partnerstup)   | Ours<br>Signature of bankruptry paracon proposes or officer, principal, responsible   |
| I declare under perakty of perpay that the 16 formation provided in this petition is two and correct, and that I have been stationized to file this petition on behalf of the debtie.   | parson, or particle seguin Societ Separity investor is principal almost.  Names and Society Security numbers of all other fashindreds who prepared or perhand so preparing this document unless the bankruptcy petition grouns is   |
| The debase respects relief in association with the always of title \$1, United States Code, aposition in this portion.  | महार कार र्राणीय प्रतिकारी:   |
| X<br>Signature of Authorized Individual   |   |
| Signature of Authorized Individual  | If ourse then one person perpend this decreases, since additional about-  |
| Printed Name of Anthorized Individual   | continuing which appropriate afficial from the analyperion.  A positropical problem property of fallers to execute with the problems of   |
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| Date  |   |

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United States Bankrapicy Court

Northern District of Illinois

to re Carolyn L. Miller Debots Cape 7

### DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER FEMALTY OF PERRIRY BY EVOLVEDUAL DESTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_22 \_\_ sheets, and that they are true and correct to the best of any knowledge, information, and belief.

Outo March 13, 2015 Signature (1) Carelyn L. Millier

Penalty for making a fulse statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.

18 U.S.C. §§ 152 and 3571.

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N7 (Others rome 7: f@WLD)

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I design under penuty of penuty that I have read the success contained in the Recogning statement of financial affairs and any anachment therete and that they are true and correct.

Date March 13, 2015 Signature

Debug

Constity for making a false statement. Fine of up to \$500,000 or improvement for up to 5 years, or buts. 18 U.S.C. \$\frac{1}{4} \) 157 and 1571

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| 04 (3-ma \$) (12.04)  | Page 2   |
|---|--|
|   |  |
| I declare under genalty of perjury the<br>personal property subject to an unexp | t the above indicates my intention as to any property of my estate securing a debt and/or<br>lend leave. |
| Date March 13, 2815   | Sagnature (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4             |

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|   | l States Bankruptcy Court<br>orthorn District of Illinois        | ı                   |                                 |
|---|--|---------------------|---------------------------------|
| in re Carefyn i Miller                              | Debrox(s)  | Case No.<br>Chapter | 1                               |
|   | F NOTICE TO CONSUME<br>b) OF THE BANKRUPTCY                      |                     | OR(S)                           |
| I (We), the debug(s), affirm that I (we) have Code. | Certification of Debter<br>received and read the attached notice | o, as requae        | d by § 342(b) of the Bankruptcy |
| Garolyn L. Miller<br>Printed Name(s) of Debter(s)   | X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                          | nili                | March 13, 2015 Date             |
| Case No. (If known)                                 | X<br>Signature of Joint  | Debtor (if at       | ny) Dúte                        |

Instructions: Attach a copy of Form B 201 A, Notice to Contamier Debter(s) Under 4 1/2(b) of the Benkropts) Code

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|       |  | United States Bankruptcy Cou<br>Northern District of Illinois | rt                  |                     |                           |
|-------|--|---|---------------------|---------------------|---------------------------|
| 16.00 | Carolyn L. Miller                            | Deblor(s)   | Case No.<br>Chapter | En africa a comment | o disk karama semping San |
|       | VER  | IFICATION OF CREDITOR MA                                      | TRIX                |                     |                           |
|       |  | Number of C   | reditors            | J                   | 22                        |
|       | The above-named Debtor(s) h (our) knowledge. | erchy verifies that the list of creditor                      | s is true and       | comect te           | the best of my            |
| Date  | March 13, 2815                               | Carolyn L. Miller<br>Superve of Beltor                        | l                   |                     |                           |

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| The standard Co   | mula  |  |                 |                            |                   |                                   |                       |                |
| X   | 11.00   |  |                 |                            |                   |                                   |                       |                |
| Guissiyis L. Miller<br>8 geneuro di Debilor 1<br>Data March 13, 2015  | ,1,-  |  |                 |                            |                   |                                   |                       |                |
| Guesly's L. Miller<br>Signature of Delstor 1  | NOT fill old or file Point  | 28A-2.   |                 |                            |                   |                                   |                       |                |

# Case 15-80685 Doc 1 Filed 03/16/15 Entered 03/16/15 09:19:53 Desc Main Document Page 11 of 57

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|                  |  | ne whether the income you have left over after subtracting<br>our unsecured, nonprincity debt.<br>a lox that applies   | all allowed decke  | tions               | is arough to p   | ly               | •             |
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B 1D (Official Form 1, Exhibit D) (12/09)

### United States Bankruptcy Court Northern District of Illinois

| In re | Carolyn L. Miller |           | Case No. |   |
|-------|-------------------|-----------|----------|---|
| •     |                   | Debtor(s) | Chapter  | 7 |
|       |                   |           |          |   |

### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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| B 1D (Official Form 1, Exhibit D) (12/09) - Cont.  | Page 2  |
|--|---|
| mental deficiency so as to be incapable of reafinancial responsibilities.);  □ Disability. (Defined in 11 U.S.C. § | 109(h)(4) as impaired by reason of mental illness or dizing and making rational decisions with respect to 109(h)(4) as physically impaired to the extent of being in a credit counseling briefing in person, by telephone, or ombat zone. |
| ☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in                   | administrator has determined that the credit counseling this district.  |
| I certify under penalty of perjury that the  | information provided above is true and correct.   |
| Signature of Debtor:   | /s/ Carolyn L. Miller Carolyn L. Miller   |
| Date: March 16, 2015   |   |

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B6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Carolyn L. Miller |        | Case No |   |  |
|-------|-------------------|--------|---------|---|--|
| •     |                   | Debtor | -,      |   |  |
|       |                   |        | Chapter | 7 |  |
|       |                   |        | •       |   |  |

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property  | Yes                  | 1                | 225,000.00        |             |          |
| B - Personal Property  | Yes                  | 3                | 45,600.00         |             |          |
| C - Property Claimed as Exempt   | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims   | Yes                  | 1                |                   | 230,373.26  |          |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | Yes                  | 1                |                   | 0.00        |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 7                |                   | 52,768.85   |          |
| G - Executory Contracts and<br>Unexpired Leases                                    | Yes                  | 1                |                   |             |          |
| H - Codebtors  | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                      | Yes                  | 2                |                   |             | 3,596.31 |
| J - Current Expenditures of Individual<br>Debtor(s)                                | Yes                  | 2                |                   |             | 3,590.00 |
| Total Number of Sheets of ALL Schedu   | ıles                 | 20               |                   |             |          |
|  | T                    | otal Assets      | 270,600.00        |             |          |
|  |                      |                  | Total Liabilities | 283,142.11  |          |

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B 6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Carolyn L. Miller |          | Case No. |   |  |
|-------|-------------------|----------|----------|---|--|
| -     | -                 | Debtor , |          |   |  |
|       |                   |          | Chapter  | 7 |  |

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C.  $\S$  159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E)  | 0.00   |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 0.00   |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00   |
| Student Loan Obligations (from Schedule F)  | 0.00   |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00   |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00   |
| TOTAL   | 0.00   |

#### State the following:

| Average Income (from Schedule I, Line 12)  | 3,596.31 |
|--|----------|
| Average Expenses (from Schedule J, Line 22)  | 3,590.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 6,819.00 |

#### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  |      | 388.00    |
|--|------|-----------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 0.00 |           |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      | 0.00      |
| 4. Total from Schedule F   |      | 52,768.85 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      | 53,156.85 |

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B6A (Official Form 6A) (12/07)

| _     | 0 1 1 25.11       |         |  |
|-------|-------------------|---------|--|
| In re | Carolyn L. Miller | Case No |  |
| _     |                   |         |  |
|       |                   | Debtor  |  |

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| single family residence at5040 Highwood Lane,<br>Lake in the Hills, IL 60156 | -   | 225,000.00            | 220,685.26 |
|--|---|-----------------------|------------|
| Description and Location of Property   | Nature of Debtor's Wit<br>Interest in Property Join<br>Comm | fe, Property, without |            |

Sub-Total > **225,000.00** (Total of this page)

Total > **225,000.00** 

\_\_\_,

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B6B (Official Form 6B) (12/07)

| In re | Carolyn L. Miller | Case No |  |
|-------|-------------------|---------|--|
|       |                   | Debtor  |  |

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|--|
| 1.  | Cash on hand  | х                |                                      |   |  |
| 2.  | Checking, savings or other financial  | ВС               | U Credit Union                       | -   | 0.00   |
|     | accounts, certificates of deposit, or<br>shares in banks, savings and loan,<br>thrift, building and loan, and<br>homestead associations, or credit<br>unions, brokerage houses, or<br>cooperatives. | Cha              | ase Bank                             | -   | 0.00   |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  | X                |                                      |   |  |
| 4.  | Household goods and furnishings, including audio, video, and computer equipment.  | Ord              | linary household furniture and items | -   | 1,000.00   |
| 5.  | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | X                |                                      |   |  |
| 6.  | Wearing apparel.  | Ord              | linary wearing apparel               | -   | 300.00   |
| 7.  | Furs and jewelry.   | X                |                                      |   |  |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | X                |                                      |   |  |
| 9.  | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.  | X                |                                      |   |  |
| 10. | Annuities. Itemize and name each issuer.  | X                |                                      |   |  |
|     |   |                  |                                      |   |  |
|     |   |                  |                                      |   |  |

2 continuation sheets attached to the Schedule of Personal Property

1,300.00

Sub-Total >

(Total of this page)

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Carolyn L. Miller | Case No.     |
|-------|-------------------|--------------|
| -     |                   | <del>,</del> |

Debtor

### SCHEDULE B - PERSONAL PROPERTY

|     |   |                  | (Continuation Sheet)                         |           |  |   |
|-----|---|------------------|--|-----------|--|---|
|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property         |           | Husband,<br>Wife,<br>Joint, or<br>ommunity | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |  |           |  |   |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | 40               | 01(k) at Bmo harris Bank Net of 401(k) loans |           | -  | 35,000.00   |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |  |           |  |   |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |  |           |  |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |  |           |  |   |
| 16. | Accounts receivable.  | X                |  |           |  |   |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |  |           |  |   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |  |           |  |   |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |  |           |  |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |  |           |  |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |  |           |  |   |
|     |   |                  |  | -         | Sub-Tota                                   | al > <b>35,000.00</b>   |
|     |   |                  |  | (Total of | this page)                                 | ,   |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Carolyn L. Miller | Case No |
|-------|-------------------|---------|
| _     |                   | •       |

Debtor

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | Х                |                                      |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |   |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | 20               | 05 Lexus RX 330                      | -   | 9,300.00  |
| 26. | Boats, motors, and accessories.   | X                |                                      |   |   |
| 27. | Aircraft and accessories.   | X                |                                      |   |   |
| 28. | Office equipment, furnishings, and supplies.  | X                |                                      |   |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |   |   |
| 30. | Inventory.  | X                |                                      |   |   |
| 31. | Animals.  | X                |                                      |   |   |
| 32. | Crops - growing or harvested. Give particulars.   | X                |                                      |   |   |
| 33. | Farming equipment and implements.   | X                |                                      |   |   |
| 34. | Farm supplies, chemicals, and feed.   | X                |                                      |   |   |
| 35. | Other personal property of any kind not already listed. Itemize.  | X                |                                      |   |   |

Sub-Total > (Total of this page) Total > 9,300.00

45,600.00

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/13)

| In re | Carolyn L. Miller | Case No  |
|-------|-------------------|----------|
| _     |                   | Debtor , |

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)

11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

| Description of Property   | Specify Law Providing<br>Each Exemption          | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|---|--|----------------------------------|---|
| Checking, Savings, or Other Financial Accounts, BCU Credit Union                                  | Certificates of Deposit<br>735 ILCS 5/12-1001(b) | 0.00                             | 0.00  |
| Chase Bank  | 735 ILCS 5/12-1001(b)                            | 0.00                             | 0.00  |
| Household Goods and Furnishings Ordinary household furniture and items                            | 735 ILCS 5/12-1001(b)                            | 1,000.00                         | 1,000.00  |
| Wearing Apparel Ordinary wearing apparel  | 735 ILCS 5/12-1001(a)                            | 300.00                           | 300.00  |
| Interests in IRA, ERISA, Keogh, or Other Pension<br>401(k) at Bmo harris Bank Net of 401(k) loans | or Profit Sharing Plans<br>735 ILCS 5/12-1006    | 35,000.00                        | 35,000.00   |

Total: 36,300.00 36,300.00

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B6D (Official Form 6D) (12/07)

| In re | Carolyn L. Miller | Case No. |  |
|-------|-------------------|----------|--|
| -     |                   | Debtor   |  |

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

|  | 1.              | T       | L LWM Live O   |           | <u> </u>    | ы               | AMOUNTE OF   |                                 |
|--|-----------------|---------|--|-----------|-------------|-----------------|--|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | H W J C | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN | CONTINGEN | 0H-00-04-m0 | D I S P U T E D | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| Account No.  |                 |         | single family residence at5040   | ٦ [       | E           |                 |  |                                 |
| PHH Mortgage<br>Mortgage Service Center<br>P.O. Box 5452<br>Mount Laurel, NJ 08054-5452              |                 | -       | Highwood Lane, Lake in the Hills, IL 60156   |           | ט           |                 |  |                                 |
|  | _               | +       | Value \$ 225,000.00  | +         | Н           | _               | 220,685.26   | 0.00                            |
| Account No.  | 4               |         | 2005 Lexus RX 330  |           |             |                 |  |                                 |
| Springleaf Financial<br>7020 Huntley Rd., Ste. 3<br>Carpentersville, IL 60110                        |                 | -       |  |           |             |                 |  |                                 |
|  |                 |         | Value \$ 9,300.00  | 1         |             |                 | 9,688.00   | 388.00                          |
| Account No.  |                 |         | Value \$   |           |             |                 |  |                                 |
| Account No.  |                 |         |  |           |             |                 |  |                                 |
|  |                 |         | Value \$   |           |             |                 |  |                                 |
| 0 continuation sheets attached   |                 |         |  | <br>Subt  |             |                 | 230,373.26   | 388.00                          |
|  |                 |         | (Report on Summary of So   | Т         | `ota        | ı               | 230,373.26   | 388.00                          |

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B6E (Official Form 6E) (4/13)

| In re | Carolyn L. Miller | Case No. |
|-------|-------------------|----------|
| -     |                   | Debtor   |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)   |
|---|
| Domestic support obligations  Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relation of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).   |
| Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).  |
| ☐ Wages, salaries, and commissions  Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busine whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).  |
| ☐ Certain farmers and fishermen  Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).   |
| ☐ Deposits by individuals  Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
| ☐ Taxes and certain other debts owed to governmental units  Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).   |
| Commitments to maintain the capital of an insured depository institution  Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).  |
| ☐ Claims for death or personal injury while debtor was intoxicated  Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).  |

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

| In re | Carolyn L. Miller | Case No.    |
|-------|-------------------|-------------|
| -     | <u> </u>          | ,<br>Debtor |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,   | C        | Hu       | sband, Wife, Joint, or Community  | Č          | U           | Ţ | ٥Τ          |                 |
|--|----------|----------|---|------------|-------------|---|-------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)     | CODEBLOR | J C      | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | COXT_XGEXT | UNLIQUIDAT  | 1 | U<br>T<br>F | AMOUNT OF CLAIM |
| Account No.  |          |          |   | Т          | T<br>E<br>D |   |             |                 |
| Amer Collection Company<br>919 W. Estes<br>Schaumburg, IL 60193                      |          | -        |   |            | D           |   |             | 707.00          |
| Account No.  | П        | Г        |   | $\vdash$   | H           | t | $\dagger$   |                 |
| Armor Systems<br>1700 Kiefer Dr., Ste. 1<br>Zion, IL 60099                           |          | -        |   |            |             |   |             | 1,073.00        |
| Account No. xxxx-xxxx-xxxx-7731  | Н        | $\vdash$ | Unsecured Loan  | $\vdash$   | ⊢           | ł | $\dashv$    | .,0.0.00        |
| Baxter Credit Union<br>Secured Credit Card<br>PO Box 660493<br>Dallas, TX 75266-0493 |          | -        | onsecured Esam  |            |             |   |             | 150.00          |
| Account No.  |          |          | Unsecured Loan  | T          | ┢           | T | 7           |                 |
| Baxter Credit Union<br>340 N. Milwaukee Ave.<br>Vernon Hills, IL 60061               |          | _        |   |            |             |   |             |                 |
|  |          |          |   |            |             |   |             | 7,219.00        |
| 6 continuation sheets attached   |          |          | (Total of t   | Subt       |             |   | )           | 9,149.00        |

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| In re | Carolyn L. Miller | Case No. |
|-------|-------------------|----------|
| _     |                   | Debtor   |

|   | 1_      | Τ. |                                    |            | ٠.   |   | _             |                 |
|---|---------|----|------------------------------------|------------|------|---|---------------|-----------------|
| CREDITOR'S NAME,                                | CODEBTO | ľ  | lusband, Wife, Joint, or Community | — l с      | 1777 | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֓֡֓֡֡֓֡֓֓֡֓ | D<br>I        |                 |
| MAILING ADDRESS                                 | P       | ŀ  | DATE CLAIM WAS INCURRED AND        | N          | ŀ    |   | S<br>P        |                 |
| INCLUDING ZIP CODE,                             | ₽       | ١, | CONSIDED ATION FOR CLAIM, IF CLAIM | Įį.        | i.   | <u>   į</u>                             | U<br>T<br>E   | AMOUNT OF CLARA |
| AND ACCOUNT NUMBER (See instructions above.)    | 0       | J  | IC CLID LECT TO CETOEE CO CTATE    | G          | l    | '   E                                   | Ė             | AMOUNT OF CLAIM |
| , , , , , , , , , , , , , , , , , , ,           | R       | Ĺ  |                                    | CONTINGENT | A    | ם   נ                                   | D             |                 |
| Account No. xxxx-xxxx-xxxx-0284                 |         |    |                                    | T          | T    |   |               |                 |
| Canital One                                     |         |    |                                    | $\vdash$   | ۲    | +                                       | ᅱ             |                 |
| Capital One                                     |         | 1_ |                                    |            |      |   |               |                 |
| P.O. Box 6492                                   |         | 1  |                                    |            |      |   |               |                 |
| Carol Stream, IL 60197-6492                     |         |    |                                    |            |      |   |               |                 |
|   |         |    |                                    |            |      |   |               |                 |
|   |         |    |                                    |            |      |   |               | 500.00          |
| Account No. xxxx-xxxx-xxxx-2666                 |         |    |                                    |            |      |   |               |                 |
| Operatival Opera                                |         |    |                                    |            |      |   |               |                 |
| Capital One                                     |         | L  |                                    |            |      |   |               |                 |
| P.O. Box 6492                                   |         | ľ  |                                    |            |      |   |               |                 |
| Carol Stream, IL 60197-6492                     |         |    |                                    |            |      |   |               |                 |
|   |         |    |                                    |            |      |   |               |                 |
|   |         |    |                                    |            |      |   |               | 500.00          |
| Account No. xxxxxxxxxxx0013                     |         | T  |                                    |            | T    | T                                       | ┪             |                 |
|   | 1       |    |                                    |            |      |   |               |                 |
| Care Credit                                     |         |    |                                    |            |      |   |               |                 |
| GE Capital Retail Bank                          |         | -  |                                    |            |      |   |               |                 |
| PO Box 960061                                   |         |    |                                    |            |      |   |               |                 |
| Orlando, FL 32896-0061                          |         |    |                                    |            |      |   |               |                 |
| ,   | l       |    |                                    |            |      |   |               | 653.00          |
| Account No.                                     | ╀       | +  |                                    |            | +    | +                                       | $\dashv$      |                 |
| Account No.                                     | ł       |    |                                    |            |      |   |               |                 |
| Cash Store                                      |         |    |                                    |            |      |   |               |                 |
| 1125 Sout hIL Route 31, Ste. D                  |         | ١. |                                    |            |      |   |               |                 |
| Crystal Lake, IL 60014                          |         |    |                                    |            |      |   |               |                 |
| orystal Lake, IL 00014                          |         |    |                                    |            |      |   |               |                 |
|   |         |    |                                    |            |      |   |               | 0.00            |
|   | L       | L  |                                    | $\perp$    | L    | $\downarrow$                            | ightharpoonup | 0.00            |
| Account No. xxxx-xxxx-xxxx-3084                 | 1       |    |                                    |            |      |   |               |                 |
|   | 1       |    |                                    |            |      |   |               |                 |
| Chase Cardmember Services                       | 1       |    |                                    |            |      |   |               |                 |
| P.O. Box 15298                                  | 1       | -  |                                    |            |      |   |               |                 |
| Wilmington, DE 19886                            | 1       |    |                                    |            |      |   |               |                 |
|   | 1       |    |                                    |            |      |   |               |                 |
|   | ١       |    |                                    |            |      |   |               | 1,500.00        |
| Sheet no1 of _6 sheets attached to Schedule of  | _       |    |                                    | Sub        | tot  | al                                      | $\dashv$      |                 |
| Creditors Holding Unsecured Nonpriority Claims  |         |    | (Total o                           |            |      |   | 7             | 3,153.00        |
| Creations froming Onsecuted Ivoliphority Claims |         |    | (Total o                           | uns        | Ра   | 50                                      | ィL            |                 |

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| In re | Carolyn L. Miller | Case No |
|-------|-------------------|---------|
| _     |                   | Debtor  |

|  |                 |             |                                   |             |          | _        |                 |
|--|-----------------|-------------|-----------------------------------|-------------|----------|----------|-----------------|
| CREDITOR'S NAME,   | CO              | Hu          | usband, Wife, Joint, or Community | CONT        | UNLL     | D        |                 |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | C<br>A<br>M |                                   | NH _ NG WNH | LIQUIDAT | T<br>F   | AMOUNT OF CLAIM |
| Account No.  | T               | T           |                                   | T           | Ε        |          |                 |
| Colleen Thomas, Attorney<br>30 N. Western Ave.<br>Carpentersville, IL 60110      |                 | -           |                                   |             | D        |          | 29,598.85       |
| Account No.  | T               | T           |                                   |             |          |          |                 |
| Creditors Collection<br>PO Box 63<br>151 N. Schuyler Ave.<br>Kankakee, IL 60901  |                 | -           |                                   |             |          |          |                 |
|  |                 |             |                                   |             |          |          | 231.00          |
| Account No. xxxxxxxxxxxx7202   |                 |             |                                   |             |          |          |                 |
| Dress Barn<br>PO Box 659704<br>San Antonio, TX 78265-9704                        |                 | -           |                                   |             |          |          | 464.00          |
| Account No.  |                 |             |                                   |             |          |          | 404.00          |
| Fiat Financial<br>310 W. Main St.<br>Carpentersville, IL 60110                   |                 | -           |                                   |             |          |          | 900.00          |
| Account No. xxxxxxxxxxxx3234   | t               | t           |                                   |             |          |          |                 |
| House Shopper Network<br>P.O. Box 659707<br>San Antonio, TX 78265                |                 | -           |                                   |             |          |          | 120.00          |
| Sheet no. <b>2</b> of <b>6</b> sheets attached to Schedule of                    |                 | _           |                                   | Subt        | ote      | <u>L</u> | 120.00          |
| Creditors Holding Unsecured Nonpriority Claims                                   |                 |             | (Total of t                       |             |          |          | 31,313.85       |

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| In re | Carolyn L. Miller | Case No |
|-------|-------------------|---------|
| _     |                   | Debtor  |

|   |         | Τ.  |                                    |           | 1                | -            | 1      |           |
|---|---------|-----|------------------------------------|-----------|------------------|--------------|--------|-----------|
| CREDITOR'S NAME,  |         | ľ   | usband, Wife, Joint, or Community  | —  წ      | ΙV               |              |        |           |
| MAILING ADDRESS   | CODEBTO | -   |                                    | N         | U<br>N<br>L      | S            |        |           |
| INCLUDING ZIP CODE,   | B       | ۱V. | CONCIDED ATION FOR CLAIM, IF CLAIM | -10       | Q<br>U           | <u>ا ن</u> ِ |        | or at the |
| AND ACCOUNT NUMBER  | 0       | J   | IC CLIDIECT TO CETOEE CO CTATE     | I N       | ١٢               | ΙE           | AMOUNT | OF CLAIM  |
| (See instructions above.)                                     | R       | 1   |                                    | CONTINGEN | DA               | Iг           |        |           |
| Account No. xxxxxxx9791                                       |         |     |                                    | Т         | A<br>T<br>E<br>D |              |        |           |
| IC Bonnov   |         |     |                                    | $\vdash$  | ۲                | +            | 1      |           |
| JC Penney   |         | 1_  |                                    |           |                  |              |        |           |
| Synchrony Bank/JCP<br>PO Box 960090                           |         |     |                                    |           |                  |              |        |           |
|   |         |     |                                    |           |                  |              |        |           |
| Orlando, FL 32896-0090  |         |     |                                    |           |                  |              |        |           |
|   |         |     |                                    |           |                  |              |        | 1,158.00  |
| Account No. xxxxxx1458  |         | Ì   |                                    |           |                  |              |        |           |
| l.,   |         |     |                                    |           |                  |              |        |           |
| Kay Jewelers  |         |     |                                    |           |                  |              |        |           |
| PO Box 740425   |         | -   |                                    |           |                  |              |        |           |
| Cincinnati, OH 45274-0425                                     |         |     |                                    |           |                  |              |        |           |
|   |         |     |                                    |           |                  |              |        |           |
|   |         |     |                                    |           |                  |              |        | 305.00    |
| Account No. xxxxxxxx8404                                      | T       | t   |                                    |           | T                | T            |        |           |
|   | 1       |     |                                    |           |                  |              |        |           |
| Kohl's  |         |     |                                    |           |                  |              |        |           |
| P.O. Box 2983   |         | -   |                                    |           |                  |              |        |           |
| Milwaukee, WI 53201-2983                                      |         |     |                                    |           |                  |              |        |           |
| <u> </u>  |         |     |                                    |           |                  |              |        |           |
|   |         |     |                                    |           |                  |              |        | 897.00    |
| Account No. xxxxxxxxxxx3873                                   | ┢       | +   |                                    | +         | +                | +            |        |           |
| Account No. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               | ł       |     |                                    |           |                  |              |        |           |
| Lane Bryant   |         |     |                                    |           |                  |              |        |           |
| P.O. Box 659728   |         | -   |                                    |           |                  |              |        |           |
| San Antonio, TX 78265-9728                                    |         |     |                                    |           |                  |              |        |           |
| San Antonio, 17 70203-3720                                    |         |     |                                    |           |                  |              |        |           |
|   |         |     |                                    |           |                  |              |        | 500.00    |
|   | L       | L   |                                    | $\perp$   |                  | $\perp$      |        | 300.00    |
| Account No. xxxxxxxx9100****                                  | 1       |     |                                    |           |                  |              |        |           |
|   | 1       |     |                                    |           |                  |              |        |           |
| Lane Bryant   |         |     |                                    |           |                  |              |        |           |
| P.O. Box 659728   | 1       | -   |                                    |           |                  |              |        |           |
| San Antonio, TX 78265-9728                                    |         |     |                                    |           |                  |              |        |           |
|   | 1       |     |                                    |           |                  |              |        |           |
|   | 1       |     |                                    |           |                  |              |        | 124.00    |
| Sheet no. <b>3</b> of <b>6</b> sheets attached to Schedule of | _       | _   |                                    | Sub       | tot-             | al           |        |           |
| Creditors Holding Unsecured Nonpriority Claims                |         |     | (Total o                           |           |                  |              |        | 2,984.00  |
| Creations riolating Offsecured Nonpriority Claims             |         |     | (10tal o                           | ullS      | μa               | ge)          |        |           |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Carolyn L. Miller | Case No |
|-------|-------------------|---------|
| _     |                   | Debtor  |

|   |         | _ |                                    |                       |                       |       |                 |
|---|---------|---|------------------------------------|-----------------------|-----------------------|-------|-----------------|
| CREDITOR'S NAME,  | S       | ŀ | lusband, Wife, Joint, or Community |                       | U<br>N<br>L           | D     |                 |
| MAILING ADDRESS   | CODEBTO | ŀ |                                    | Ň                     | ŀ                     | SPUTE |                 |
| INCLUDING ZIP CODE,   | ВĒ      | ۱ | CONCIDED ATION FOR CLAIM, IF CLAIM | - 11                  | ļģ                    | Įψ    | AMOUNT OF CLAIM |
| AND ACCOUNT NUMBER (See instructions above.)                    | Ö       |   | I IC CUDIECT TO CETOEE CO CTATE    | Ğ                     | Ιį                    | Ę     | AMOUNT OF CLAIM |
| Account No. xxxxxx0115  | R       | ╀ |                                    | N<br>G<br>E<br>N<br>T | D<br>A<br>T<br>E<br>D | D     |                 |
| Account No. AAAAAO113   | ł       |   |                                    |                       | E                     |       |                 |
| Maurices  |         |   |                                    |                       | t                     |       |                 |
| PO Box 659705   |         | - |                                    |                       |                       |       |                 |
| San Antonio, TX 78265-9705                                      |         |   |                                    |                       |                       |       |                 |
|   |         |   |                                    |                       |                       |       |                 |
|   |         |   |                                    |                       |                       |       | 300.00          |
| Account No.   | T       | t |                                    |                       | T                     |       |                 |
|   |         |   |                                    |                       |                       |       |                 |
| Med Busi Bur  |         |   |                                    |                       |                       |       |                 |
| 1460 Renaissance D.   |         | - |                                    |                       |                       |       |                 |
| Park Ridge, IL 60068  |         |   |                                    |                       |                       |       |                 |
|   |         |   |                                    |                       |                       |       |                 |
|   |         |   |                                    |                       |                       |       | 1,186.00        |
| Account No.   |         | Ī |                                    |                       |                       |       |                 |
|   |         |   |                                    |                       |                       |       |                 |
| Med Busi Bur  |         |   |                                    |                       |                       |       |                 |
| 1460 Renaissance D.   |         | - |                                    |                       |                       |       |                 |
| Park Ridge, IL 60068  |         |   |                                    |                       |                       |       |                 |
|   |         |   |                                    |                       |                       |       |                 |
|   |         |   |                                    |                       |                       |       | 190.00          |
| Account No. <b>xx5110****</b>                                   |         | T |                                    |                       | T                     |       |                 |
|   |         |   |                                    |                       |                       |       |                 |
| Movado  |         |   |                                    |                       |                       |       |                 |
|   |         | - |                                    |                       |                       |       |                 |
|   |         |   |                                    |                       |                       |       |                 |
|   |         |   |                                    |                       |                       |       |                 |
|   |         |   |                                    |                       |                       |       | 304.00          |
| Account No. xxxxx6962   |         | Ī |                                    |                       |                       |       |                 |
|   | 1       |   |                                    |                       |                       |       |                 |
| New York and Company  | ĺ       |   |                                    |                       |                       |       |                 |
| PO Box 659728   |         | - |                                    |                       |                       |       |                 |
| San Antonio, TX 78265-9728                                      | ĺ       |   |                                    |                       |                       |       |                 |
|   |         |   |                                    |                       |                       |       |                 |
|   |         |   |                                    |                       |                       |       | 286.00          |
| Sheet no. <b>_4</b> of <b>_6</b> sheets attached to Schedule of |         |   | •                                  | Sub                   | tota                  | ıl    |                 |
| Creditors Holding Unsecured Nonpriority Claims                  |         |   | (Total o                           |                       |                       |       | 2,266.00        |
|   |         |   |                                    |                       |                       |       |                 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Carolyn L. Miller |        | Case No. |  |
|-------|-------------------|--------|----------|--|
|       |                   | Debtor |          |  |

|   |               | 1        |   | ٦.         |                  | _           |                 |
|---|---------------|----------|---|------------|------------------|-------------|-----------------|
| CREDITOR'S NAME,  | C O D E B T O | Hu       | usband, Wife, Joint, or Community                             | <b>−</b> 6 | UZLI             | D<br>I      |                 |
| MAILING ADDRESS   | Ď             | Н        | DATE CLADAWAG INCUIDED AND                                    | Ň          | Ë                | S<br>P      |                 |
| INCLUDING ZIP CODE,   | B             | W        | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM | H          | QU               | U           |                 |
| AND ACCOUNT NUMBER  | T             | J        | IS SUBJECT TO SETOFF, SO STATE.                               | N          | ľ                | U<br>T<br>E | AMOUNT OF CLAIM |
| (See instructions above.)                                     | R             | С        | is subject to seroit, so state.                               | CONTINGENT | חו               | Ď           |                 |
| Account No. xxxxxxxx9840****                                  |               |          | for collection 2014   | 7          | A<br>T<br>E<br>D |             |                 |
|   |               |          |   | $\vdash$   | Ь                |             |                 |
| Portfolio Recovery  |               |          |   |            |                  |             |                 |
| 120 Corporate Boulevard                                       |               | -        |   |            |                  |             |                 |
| Norfolk, VA 23502   |               |          |   |            |                  |             |                 |
|   |               |          |   |            |                  |             |                 |
|   |               |          |   |            |                  |             | 728.00          |
| Account No.   |               |          |   |            |                  |             |                 |
| Stanicacantr  | 1             |          |   |            |                  |             |                 |
| Staniscontr   |               |          |   |            |                  |             |                 |
| 914 14th St.  |               | -        |   |            |                  |             |                 |
| PO Box 480  |               |          |   |            |                  |             |                 |
| Modesto, CA 95353   |               |          |   |            |                  |             |                 |
|   |               |          |   |            |                  |             | 205.00          |
| Account No.   | T             |          |   |            | T                |             |                 |
|   | 1             |          |   |            |                  |             |                 |
| Stanisccontr  |               |          |   |            |                  |             |                 |
| 914 14th St.  |               | -        |   |            |                  |             |                 |
| PO Box 480  |               |          |   |            |                  |             |                 |
| Modesto, CA 95353   |               |          |   |            |                  |             |                 |
|   |               |          |   |            |                  |             | 117.00          |
| A NT-   | ┝             | $\vdash$ |   | +          | ┝                | _           |                 |
| Account No.   | ł             |          |   |            |                  |             |                 |
| Stanisccontr  |               |          |   |            |                  |             |                 |
| 914 14th St.  |               | -        |   |            |                  |             |                 |
| PO Box 480  |               |          |   |            |                  |             |                 |
| Modesto, CA 95353   |               |          |   |            |                  |             |                 |
| Iniduesto, OA 33333   |               |          |   |            |                  |             | 180.00          |
|   | L             |          |   | $\perp$    |                  |             | 100.00          |
| Account No. xxxx-xxxxxx-x7035                                 | 1             |          |   |            |                  |             |                 |
|   |               |          |   |            |                  |             |                 |
| Travelocity   | 1             | 1        |   |            |                  |             |                 |
| 125 S. West Street  | 1             | -        |   |            |                  |             |                 |
| Wilmington, DE 19801  | 1             |          |   |            |                  |             |                 |
|   | 1             |          |   |            |                  |             |                 |
|   | 1             |          |   |            |                  |             | 500.00          |
| Sheet no. <b>5</b> of <b>6</b> sheets attached to Schedule of | _             | _        | I.  | Sub        | tota             | 1           |                 |
| Creditors Holding Unsecured Nonpriority Claims                |               |          | (Total of   |            |                  |             | 1,730.00        |
| Creditors froming Onsecured Nonpriority Claims                |               |          | (10ta101  | uns        | Pag              | $\cup$      |                 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Carolyn L. Miller | Case I | No |
|-------|-------------------|--------|----|
| _     |                   | Debtor |    |

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,   | CODEBTOR    | Hu<br>H<br>W | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND     | CONTI              | UNLIC            | DISP | 3            |                 |
|--|-------------|--------------|---|--------------------|------------------|------|--------------|-----------------|
| AND ACCOUNT NUMBER (See instructions above.)   | T<br>O<br>R | C            | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | NGENT              | QUIDA            | ΙE   | ΞΙ           | AMOUNT OF CLAIM |
| Account No. 1964****   |             | Π            |   | ]⊤                 | A<br>T<br>E<br>D |      |              |                 |
| TSI/980<br>507 Prudential Rd.<br>Horsham, PA 19044   |             | -            |   |                    |                  |      |              |                 |
|  |             | L            |   | $oldsymbol{\perp}$ | L                |      | $\downarrow$ | 214.00          |
| Account No. 1943****   | 4           |              | placed for collection 2013  |                    |                  |      |              |                 |
| TSI/980<br>507 Prudential Rd.<br>Horsham, PA 19044   |             | -            |   |                    |                  |      |              |                 |
|  |             |              |   |                    |                  |      |              | 1,144.00        |
| Account No. 1928****   | -           |              | placed for collection 2013  |                    |                  |      |              |                 |
| TSI/980<br>507 Prudential Rd.<br>Horsham, PA 19044   |             | -            |   |                    |                  |      |              |                 |
|  |             |              |   |                    |                  |      |              | 431.00          |
| Account No. 1826****   | 1           |              | Placed for Collection in 2012                                     |                    |                  |      |              |                 |
| TSI/980  |             |              |   |                    |                  |      |              |                 |
| 507 Prudential Rd.<br>Horsham, PA 19044  |             | -            |   |                    |                  |      |              |                 |
|  |             |              |   |                    |                  |      |              | 284.00          |
| Account No. xxxxx9943  | Ī           | T            |   | T                  |                  |      |              |                 |
| Victoria's Secret<br>P.O. Box 659728   |             | -            |   |                    |                  |      |              |                 |
| San Antonio, TX 78265-9728   |             |              |   |                    |                  |      |              |                 |
|  |             |              |   |                    |                  |      |              | 100.00          |
| Sheet no. <b>_6</b> of <b>_6</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |             |              | (Total of   | Sub                |                  |      |              | 2,173.00        |
|  |             |              | (1011102)   |                    | Fota             |      | -            |                 |
|  |             |              | (Report on Summary of Se  |                    |                  |      | )            | 52,768.85       |

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B6G (Official Form 6G) (12/07)

| In re | Carolyn L. Miller | Case No. |
|-------|-------------------|----------|
| _     |                   | Debtor , |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-80685 Doc 1 Filed 03/16/15 Entered 03/16/15 09:19:53 Desc Main Document Page 31 of 57

B6H (Official Form 6H) (12/07)

| In #0 | Carelyn I Miller  | Coro No  |
|-------|-------------------|----------|
| In re | Carolyn L. Miller | Case No. |
|       |                   | Debtor   |

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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|               | in this information to it   | dentify your ca<br>Carolyn L. M |  |                                     |           |        |                              |          |                               |        |         |
|---------------|---|---------------------------------|--|-------------------------------------|-----------|--------|------------------------------|----------|-------------------------------|--------|---------|
|               | btor 2  | ourory in E. iv                 |  |                                     |           |        |                              |          |                               |        |         |
| (Spc          | ouse, if filing)  |                                 |  |                                     |           |        |                              |          |                               |        |         |
| Uni           | ited States Bankruptcy  | Court for the                   | NORTHERN DISTRIC   | CT OF ILLINOIS                      |           | _      |                              |          |                               |        |         |
|               | se number   |                                 |  |                                     |           |        | Check if this is:  An amende |          |                               |        |         |
|               |   |                                 |  |                                     |           |        | ☐ A suppleme                 | ent show | wing post-pe<br>e following d |        | chapter |
| 0             | fficial Form E  | <u> </u>                        |  |                                     |           |        | MM / DD/ Y                   | YYY      |                               |        |         |
| S             | chedule I: Y  | our Inc                         | ome  |                                     |           |        |                              |          |                               |        | 12/13   |
| spo<br>atta   | use. If you are separa<br>ch a separate sheet t   | ated and you                    | are married and not filir<br>r spouse is not filing wi<br>On the top of any additi | th you, do not inclu                | de infori | matio  | on about your spo            | ouse. If | more space                    | e is n | eeded,  |
| 1.            | Fill in your employs information.   | ment                            |  | Debtor 1                            |           |        | Debtor 2                     | or no    | n-filing spo                  | ıse    |         |
|               | If you have more than one job, attach a separate page with information about additional |                                 | Employment status  | ■ Employed                          |           |        | ☐ Emplo                      | •        |                               |        |         |
|               |   |                                 |  | ☐ Not employed                      | ☐ Not e   | mploye | d                            |          |                               |        |         |
|               | employers.  |                                 | Occupation   | Banch Manager                       | •         |        |                              |          |                               |        |         |
|               | Include part-time, se<br>self-employed work.  |                                 | Employer's name  | BMO Harris Bar                      | nk        |        |                              |          |                               |        |         |
|               | Occupation may incl<br>or homemaker, if it a  |                                 | Employer's address   | 225 S. Randall F<br>Algonquin, IL 6 |           |        |                              |          |                               |        |         |
|               |   |                                 | How long employed the  | here? 12                            |           |        |                              |          |                               |        |         |
| Pai           | rt 2: Give Detail   | ls About Mon                    | thly Income  |                                     |           |        |                              |          |                               |        |         |
| spoo<br>If yo | use unless you are sep<br>ou or your non-filing sp                                      | oarated.<br>ouse have mo        | ate you file this form. If your ethan one employer, co                             | ,                                   |           |        |                              | ·        | •                             |        | Ü       |
| mor           | e space, attach a sepa  | arate sheet to                  | this form.   |                                     |           |        | For Debtor 1                 |          | Debtor 2 or<br>-filing spous  | se     |         |
| 2.            |   |                                 | ry, and commissions (becalculate what the month)                                   |                                     | 2.        | \$     | 6,552.50                     | \$       | N                             | I/A    |         |
| 3.            | Estimate and list m   | onthly overti                   | me pay.  |                                     | 3.        | +\$    | 0.00                         | +\$      | N                             | I/A_   |         |
| 4.            | Calculate gross Inc   | ome. Add lin                    | e 2 + line 3.  |                                     | 4.        | \$     | 6,552.50                     | \$       | N/A                           | $\Box$ |         |

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| Deb   | tor 1  | Carolyn L. Miller  | -   | Case                    | e number (if known)  |                                       |   |          |
|-------|--|--|---|-------------------------|--|---------------------------------------|---|----------|
|       |  |  |   | Fo                      | r Debtor 1   | For Debto                             |   |          |
|       | Cop  | y line 4 here  | 4.  | \$_                     | 6,552.50   | \$                                    | N/A   |          |
| 5.    | List   | all payroll deductions:  |   |                         |  |                                       |   |          |
|       | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: 401(k) loans   | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h.+ | \$ \$ \$ \$ \$ \$ \$ \$ | 1,272.29<br>339.34<br>189.82<br>0.00<br>339.34<br>0.00<br>0.00<br>815.40 | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>+ | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A |          |
| 6.    |  | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | <b>-</b> 6.   | \$<br>\$                | 2,956.19   | \$                                    | N/A   |          |
|       |  |  |   | · -                     |  | · <del></del>                         |   |          |
| 7. 8. |  | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | 7.<br>8a.<br>8b.<br>8c.<br>8d.<br>8e.                 | \$ \$\$ \$\$\$ \$       | 0.00<br>0.00<br>0.00<br>0.00   | \$\$<br>\$\$<br>\$\$<br>\$\$          | N/A<br>N/A<br>N/A<br>N/A                      |          |
|       | 8g.  | Pension or retirement income   | 8g.   | <b>\$</b> -             | 0.00   | \$                                    | N/A<br>N/A                                    |          |
|       | 8h.  | Other monthly income. Specify:   | 8h.+  | \$                      |  | + \$                                  | N/A   |          |
| 9.    | Add  | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.  | \$                      | 0.00   | \$                                    | N/A   |          |
| 10.   |  | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$  |                         | 3,596.31 + \$_   | N/A                                   | = \$  | 3,596.31 |
| 11.   | Incluothe<br>Do r                                    | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:  | depend  |                         |  | ed in <i>Schedu</i>                   | ıle J.<br>. +\$                               | 0.00     |
| 12.   |  | I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certainies  |   |                         |  |                                       | . \$  | 3,596.31 |
| 13.   | Do y   | you expect an increase or decrease within the year after you file this form?  No.  Yes. Explain:   | ?   |                         |  |                                       |   | income   |

Official Form B 6I Schedule I: Your Income page 2

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| Filli  | in this informa            | ation to identify ye                | our case:     |  |   |            |                       |                               |
|--------|----------------------------|-------------------------------------|---------------|--|---|------------|-----------------------|-------------------------------|
| Debt   | tor 1                      | Carolyn L. M                        | Miller        |  |   | Ch         | eck if this is:       |                               |
|        |                            |                                     |               |  |   |            | An amended filing     |                               |
| Debt   |                            |                                     |               |  |   |            |                       | wing post-petition chapter    |
| (Spo   | ouse, if filing)           |                                     |               |  |   |            | 13 expenses as of     | the following date:           |
| Unite  | ed States Bank             | ruptcy Court for the                | : NORTH       | IERN DISTRICT OF ILLIN                                     | OIS                                     |            | MM / DD / YYYY        |                               |
| Case   | e number                   |                                     |               |  |   |            | A separate filing for | or Debtor 2 because Debtor    |
| (If kr | nown)                      |                                     |               |  |   |            | 2 maintains a sepa    | arate household               |
| Of     | ficial Fo                  | rm B 6J                             |               |  |   | _          |                       |                               |
|        |                            |                                     | _<br>Evnor    |  |   |            |                       |                               |
|        |                            | J: Your                             |               |  | <u> </u>                                |            |                       | 12/1:                         |
| info   | rmation. If m              |                                     | eded, atta    | If two married people ar<br>ch another sheet to this<br>n. |   |            |                       |                               |
| Part   |                            | ribe Your House                     | ehold         |  |   |            |                       |                               |
| 1.     | Is this a join             |                                     |               |  |   |            |                       |                               |
|        | ■ No. Go to                | o line 2.<br>es Debtor 2 live       | in a separa   | ate household?   |   |            |                       |                               |
|        |                            | lo                                  |               |  |   |            |                       |                               |
|        | □Y                         | es. Debtor 2 mu                     | st file a sep | earate Schedule J.   |   |            |                       |                               |
| 2.     | Do you hav                 | e dependents?                       | □ No          |  |   |            |                       |                               |
|        | Do not list D<br>Debtor 2. | ebtor 1 and                         | ■ Yes.        | Fill out this information for each dependent               | Dependent's relati<br>Debtor 1 or Debto |            | Dependent's age       | Does dependent live with you? |
|        | Do not state               | the                                 |               |  |   |            |                       | □ No                          |
|        | dependents'                |                                     |               |  | son                                     |            | 16                    | ■ Yes                         |
|        |                            |                                     |               |  |   |            |                       | □ No                          |
|        |                            |                                     |               |  |   |            |                       | ☐ Yes                         |
|        |                            |                                     |               |  |   |            | <del></del>           | □ No                          |
|        |                            |                                     |               |  |   |            |                       | ☐ Yes                         |
|        |                            |                                     |               |  |   |            |                       | □ No                          |
| _      | _                          |                                     |               |  | ( <u> </u>                              |            |                       | ☐ Yes                         |
| 3.     |                            | penses include<br>of people other t | han 🔳         | No   |   |            |                       |                               |
|        |                            | d your depende                      |               | Yes  |   |            |                       |                               |
| D - "  | . Fatim                    |                                     |               |  |   |            |                       |                               |
| Part   |                            | nate Your Ongoi                     |               | y Expenses<br>µptcy filing date unless y                   | ou are using this f                     | orm as a s | supplement in a Ch    | anter 13 case to report       |
| exp    |                            | a date after the                    |               | y is filed. If this is a supp                              |   |            |                       |                               |
| Incl   | ude expense                | es paid for with                    | non-cash      | government assistance i                                    | f you know                              |            |                       |                               |
|        |                            |                                     | d have inc    | luded it on Schedule I: Y                                  | our Income                              |            | Your exp              | oneoe                         |
| (Off   | icial Form 6l              | .)                                  |               |  |   |            | Tour exp              | 0011303                       |
| 4.     |                            | or home owners                      |               | ses for your residence. In r lot.                          | nclude first mortgag                    | e<br>4.    | \$                    | 1,224.00                      |
|        | If not include             | ded in line 4:                      |               |  |   |            |                       |                               |
|        | 4a. Real                   | estate taxes                        |               |  |   | 4a.        | \$                    | 542.00                        |
|        |                            | erty, homeowner'                    | s, or renter  | 's insurance   |   | 4b.        |                       | 90.00                         |
|        | •                          | •                                   |               | ipkeep expenses  |   | 4c.        |                       | 50.00                         |
|        |                            | owner's associa                     | •             |  |   | 4d.        |                       | 0.00                          |
| 5.     | Additional i               | mortgage paym                       | ents for yo   | our residence, such as ho                                  | me equity loans                         | 5.         | \$                    | 0.00                          |

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| Debtor 1             | Carolyn                        | L. Miller  | Case numl            | ber (if known) |                            |
|----------------------|--------------------------------|--|----------------------|----------------|----------------------------|
| 6 114:               | litios                         |  |                      | _              |                            |
| 6. <b>Uti</b><br>6a. | lities:<br>Flectricity         | heat, natural gas  | 6a.                  | \$             | 160.00                     |
| 6b.                  | •                              | ver, garbage collection  | 6b.                  | \$             | 109.00                     |
| 6c.                  |                                | e, cell phone, Internet, satellite, and cable services   | 6c.                  | \$             | 245.00                     |
| 6d.                  | •                              |  | 6d.                  | \$             |                            |
|                      |                                | ekeeping supplies  | ou.<br>7.            | \$             | 0.00                       |
|                      |                                | hildren's education costs  | 7.<br>8.             | \$             | 200.00                     |
|                      |                                |  |                      | ·              | 0.00                       |
|                      | •                              | ry, and dry cleaning   | 9.                   | \$             | 0.00                       |
|                      | _                              | roducts and services   | 10.                  |                | 0.00                       |
|                      |                                | ntal expenses  | 11.                  | \$             | 50.00                      |
|                      | nsportation.<br>not include ca | Include gas, maintenance, bus or train fare. ar payments.  | 12.                  | \$             | 150.00                     |
| 3. <b>En</b> 1       | tertainment,                   | clubs, recreation, newspapers, magazines, and books  | 13.                  | \$             | 0.00                       |
| 4. Ch                | aritable cont                  | ributions and religious donations  | 14.                  | \$             | 340.00                     |
|                      | urance.                        |  |                      |                |                            |
|                      |                                | surance deducted from your pay or included in lines 4 or 20.   | . =                  | •              |                            |
|                      | a. Life insura                 |  | 15a.                 |                | 0.00                       |
|                      | o. Health ins                  |  | 15b.                 | ·              | 0.00                       |
|                      | c. Vehicle ins                 |  | 15c.                 | ·              | 80.00                      |
|                      |                                | rance. Specify:  | 15d.                 | \$             | 0.00                       |
|                      | <b>xes.</b> Do not in ecify:   | clude taxes deducted from your pay or included in lines 4 or 20.   | 16.                  | \$             | 0.00                       |
| 7. Ins               | tallment or le                 | ease payments:   |                      |                |                            |
|                      |                                | ents for Vehicle 1   | 17a.                 | \$             | 350.00                     |
|                      |                                | ents for Vehicle 2   | 17b.                 | \$             | 0.00                       |
| 170                  | c. Other. Spe                  | ecify:   | 17c.                 | \$             | 0.00                       |
|                      | d. Other. Spe                  | · ·  | 17d.                 | \$             | 0.00                       |
|                      |                                | of alimony, maintenance, and support that you did not report a   | as                   | -              |                            |
| ded                  | ducted from                    | your pay on line 5, Schedule I, Your Income (Official Form 6I).  | 18.                  | \$             | 0.00                       |
| Oth                  | ner payments                   | s you make to support others who do not live with you.   |                      | \$             | 0.00                       |
|                      | ecify:                         |  | 19.                  |                |                            |
|                      |                                | erty expenses not included in lines 4 or 5 of this form or on Sc<br>s on other property  | hedule I: Yo<br>20a. |                | 0.00                       |
|                      | o. Real estat                  |  | 20a.<br>20b.         |                | 0.00                       |
|                      |                                | nomeowner's, or renter's insurance   | 20b.<br>20c.         | ·              |                            |
|                      |                                | ice, repair, and upkeep expenses   | 20d.                 |                | 0.00                       |
|                      |                                |  | 20a.<br>20e.         | ·              | 0.00                       |
|                      |                                | er's association or condominium dues   |                      |                | 0.00                       |
| . Oth                | ner: Specify:                  |  | 21.                  | +\$            | 0.00                       |
| <u>2</u> . <b>Yo</b> | ur monthly e                   | xpenses. Add lines 4 through 21.   | 22.                  | \$             | 3,590.00                   |
| The                  | e result is you                | r monthly expenses.  |                      |                |                            |
| 3. <b>Ca</b> l       | lculate your i                 | monthly net income.  | !                    |                |                            |
| 23a                  | a. Copy line                   | 12 (your combined monthly income) from Schedule I.   | 23a.                 |                | 3,596.31                   |
| 23b                  | o. Copy your                   | monthly expenses from line 22 above.   | 23b.                 | -\$            | 3,590.00                   |
| 230                  |                                | our monthly expenses from your monthly income. is your <i>monthly net income</i> .   | 23c.                 | \$             | 6.31                       |
| For<br>mod           | example, do yo                 | an increase or decrease in your expenses within the year after on expect to finish paying for your car loan within the year or do you expect your sof your mortgage? |                      |                | e or decrease because of a |
|                      | Yes.                           |  |                      |                |                            |
|                      | olain:                         |  |                      |                |                            |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

## **United States Bankruptcy Court Northern District of Illinois**

| In re   | Carolyn L. Miller   |              |                             | Case No.   |                      |  |  |  |  |
|---|---|--------------|-----------------------------|------------|----------------------|--|--|--|--|
|   | -   | Debtor(s)    |                             | Chapter    | 7                    |  |  |  |  |
|   |   |              |                             |            |                      |  |  |  |  |
|   |   |              |                             |            |                      |  |  |  |  |
|   | DECLARATION CONCERNING DEBTOR'S SCHEDULES   |              |                             |            |                      |  |  |  |  |
|   |   |              |                             |            |                      |  |  |  |  |
| DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR |   |              |                             |            |                      |  |  |  |  |
|   |   |              |                             |            |                      |  |  |  |  |
|   |   |              |                             |            |                      |  |  |  |  |
|   | I declare under penalty of periury th   | at I have re | ad the foregoing summary    | and schedu | les consisting of 22 |  |  |  |  |
|   | I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of sheets, and that they are true and correct to the best of my knowledge, information, and belief. |              |                             |            |                      |  |  |  |  |
|   | ,   | •            | , , , ,                     |            |                      |  |  |  |  |
|   |   |              |                             |            |                      |  |  |  |  |
|   |   |              |                             |            |                      |  |  |  |  |
| Date  | March 16, 2015  | Signature    | /s/ Carolyn L. Miller       |            |                      |  |  |  |  |
|   |   |              | Carolyn L. Miller<br>Debtor |            |                      |  |  |  |  |
|   |   |              | DCUIUI                      |            |                      |  |  |  |  |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

## United States Bankruptcy Court Northern District of Illinois

| In re | Carolyn L. Miller |           | Case No. |   |
|-------|-------------------|-----------|----------|---|
|       |                   | Debtor(s) | Chapter  | 7 |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$80,000.00 employment 2013 \$85,500.00 Employment 2014 \$13,373.00 Employment 2015 YTD

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

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|                       | L  | Document Page 38 of 5   |   |   |
|-----------------------|--|---|---|---|
| 37 (Official Fo       | form 7) (04/13)  |   |   |   |
| 3                     | 3. Payments to creditors   |   |   |   |
| None (                | Complete a. or b., as appropriate, and c.  |   |   |   |
| a<br>C<br>I<br>a<br>F | a. Individual or joint debtor(s) with prime and other debts to any creditor made within of all property that constitutes or is affected made to a creditor on account of a domestic approved nonprofit budgeting and credit cot payments by either or both spouses whether filed.) | <b>90 days</b> immediately preceding the corby such transfer is less than \$600. Indicutes support obligation or as part of an alternseling agency. (Married debtors filing | nmencement of this case unlescate with an asterisk (*) any parative repayment schedule und gunder chapter 12 or chapter 1       | ss the aggregate value<br>ayments that were<br>der a plan by an<br>3 must include |
| NAME AN               | D ADDRESS  | DATES OF  |   | AMOUNT STILL  |
|                       | REDITOR  | PAYMENTS  | AMOUNT PAID   | OWING   |
| P.O. Box 5            | f Financial<br>54290   |   | \$1,050.00  | \$9,688.00  |
|                       | les, CA 90054-0290   |   |   |   |
| P.O. Box 5            | Service Center   |   | \$5,568.00  | \$221,000.00  |
| ■ i<br>t<br>a<br>t    | b. Debtor whose debts are not primarily of immediately preceding the commencement of transfer is less than \$6,225*. If the debtor is account of a domestic support obligation or budgeting and credit counseling agency. (Maransfers by either or both spouses whether of filed.) | of the case unless the aggregate value of<br>an individual, indicate with an asterisk<br>as part of an alternative repayment scholarried debtors filing under chapter 12 of | of all property that constitutes of (*) any payments that were medule under a plan by an approprint chapter 13 must include pay | or is affected by such lade to a creditor on loved nonprofit ments and other      |
|                       |  |   | AMOUNT  |   |
|                       |  | DATES OF<br>PAYMENTS/   | PAID OR   | AMOUNT STILL  |
| NAME AN               | D ADDRESS OF CREDITOR  | TRANSFERS   | VALUE OF<br>TRANSFERS   | OWING   |
|                       | c. All debtors: List all payments made wi<br>creditors who are or were insiders. (Married<br>spouses whether or not a joint petition is file   | debtors filing under chapter 12 or chap   | oter 13 must include payments   |   |
|                       | D ADDRESS OF CREDITOR AND<br>CLATIONSHIP TO DEBTOR   | DATE OF PAYMENT   | AMOUNT PAID   | AMOUNT STILL<br>OWING   |
| None a                | 4. Suits and administrative proceedings,   | executions, garnishments and attach   | ments   |   |

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT

AND CASE NUMBER

PROCEEDING

Miller v. Miller 12 DV 366

NATURE OF
PROCEEDING
AND LOCATION

MICHEMAN County, Woodstock, IL

MCHenry County, Woodstock, IL

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

Colleen Thomas 30 N. Western Ave. Carpentersville, IL 60110 2/2015 \$4

\$450

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF

PROPERTY

#### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

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#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Crane, Heyman, Simon, Welch & Clar 135 S. LaSalle Street Suite 3705 Chicago, IL 60603 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR March 2015 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

\$2,335.00

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

## 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

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### 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

GOVERNMENTAL CIVIT

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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#### 18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six vears immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six vears immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

BEGINNING AND ENDING DATES

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

#### NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

**ADDRESS** 

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

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#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

**ADDRESS** 

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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B7 (Official Form 7) (04/13)

Q

### 25. Pension Funds.

None If the debtor is no

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \* \*

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### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | March 16, 2015 | Signature | /s/ Carolyn L. Miller |
|------|----------------|-----------|-----------------------|
|      |                |           | Carolyn L. Miller     |
|      |                |           | Debtor                |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

## **United States Bankruptcy Court** Northern District of Illinois

| In re           | Carolyn L. Miller   |                          |   | Case No.                         |                                |
|-----------------|---|--------------------------|---|----------------------------------|--------------------------------|
|                 | •   | D                        | Debtor(s)   | Chapter                          | 7                              |
|                 | CHAPTER 7 IND   | DIVIDUAL DEBTO           | R'S STATEMENT   | OF INTEN                         | TION                           |
| PART            | <b>A</b> - Debts secured by property of property of the estate. Attach ad     |                          |   | ed for <b>EAC</b> H              | I debt which is secured by     |
| Proper          | ty No. 1  |                          |   |                                  |                                |
|                 | or's Name:<br>lortgage  |                          | Describe Property Sounds family resider Hills, IL 60156 |                                  | :<br>ghwood Lane, Lake in the  |
| Proper          | ty will be (check one):   | •                        |   |                                  |                                |
|                 | Surrendered   | ■ Retained               |   |                                  |                                |
|                 | ning the property, I intend to (check a Redeem the property Reaffirm the debt |                          |   |                                  |                                |
|                 | Other. Explain <u>current</u> (for examp                                      | ple, avoid lien using 11 | U.S.C. § 522(f)).                                       |                                  |                                |
| Proper          | ty is (check one):  |                          |   |                                  |                                |
|                 | Claimed as Exempt   |                          | ☐ Not claimed as exe                                    | mpt                              |                                |
| Proper          | ty No. 2  |                          |   |                                  |                                |
|                 | tor's Name:<br>gleaf Financial  |                          | Describe Property Sc<br>2005 Lexus RX 330               | ecuring Debt                     | :                              |
| -               | ty will be (check one):<br>Surrendered  | ■ Retained               |   |                                  |                                |
|                 | ning the property, I intend to (check a Redeem the property                   | nt least one):           |   |                                  |                                |
|                 | Reaffirm the debt Other. Explain  | (for example, avoi       | id lien using 11 U.S.C.                                 | § 522(f)).                       |                                |
| -               | ty is (check one):<br>Claimed as Exempt                                       |                          | ☐ Not claimed as exe                                    | mpt                              |                                |
|                 | <b>B</b> - Personal property subject to unexpadditional pages if necessary.)  | pired leases. (All three | columns of Part B mu                                    | st be complete                   | ed for each unexpired lease.   |
| Proper          | ty No. 1  |                          |   |                                  |                                |
| Lessor<br>-NONE | ''s Name:<br>E-   | Describe Leased Pro      | perty:  | Lease will be U.S.C. § 365 ☐ YES | Assumed pursuant to 11 (p)(2): |

Page 2 B8 (Form 8) (12/08)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

/s/ Carolyn L. Miller Date March 16, 2015 Signature

Carolyn L. Miller

Debtor

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## **United States Bankruptcy Court** Northern District of Illinois

| In re | e Carolyn L. Miller  |   | Case N                              | o.                       |                 |
|-------|--|---|-------------------------------------|--------------------------|-----------------|
|       |  | Debtor(s)   | Chapte                              | r <b>7</b>               |                 |
|       | DISCLOSURE OF COMPEN   | NSATION OF ATTO                                   | RNEY FOR                            | DEBTOR(S)                |                 |
|       | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2010 paid to me within one year before the filing of the petition behalf of the debtor(s) in contemplation of or in connection  | n in bankruptcy, or agreed to l                   | be paid to me, for s                |                          |                 |
|       | For legal services, I have agreed to accept  |   | \$                                  | 2,335.00                 |                 |
|       | Prior to the filing of this statement I have received  |   | \$                                  | 2,335.00                 |                 |
|       | Balance Due  |   | \$                                  | 0.00                     |                 |
| 2.    | \$ of the filing fee has been paid.  |   |                                     |                          |                 |
| 3.    | The source of the compensation paid to me was:   |   |                                     |                          |                 |
|       | ■ Debtor □ Other (specify):  |   |                                     |                          |                 |
| 4.    | The source of compensation to be paid to me is:  |   |                                     |                          |                 |
|       | ■ Debtor □ Other (specify):  |   |                                     |                          |                 |
| 5.    | ■ I have not agreed to share the above-disclosed compe   | ensation with any other person                    | unless they are m                   | embers and associates    | of my law firm. |
|       | ☐ I have agreed to share the above-disclosed compensations copy of the agreement, together with a list of the name   |   |                                     |                          | y law firm. A   |
| 6.    | In return for the above-disclosed fee, I have agreed to rer  | nder legal service for all aspec                  | ets of the bankrupto                | y case, including:       |                 |
|       | <ul><li>a. Analysis of the debtor's financial situation, and render</li><li>b. Preparation and filing of any petition, schedules, state</li><li>c. Representation of the debtor at the meeting of creditor</li><li>d. [Other provisions as needed]</li></ul> | ement of affairs and plan which                   | h may be required;                  | -                        | nkruptcy;       |
| 7.    | By agreement with the debtor(s), the above-disclosed fee<br>adversary proceedings, complaints to de<br>redemption proceedings, abandonment panother Chapter under the Bankruptcy C   | etermine dischargeability proceedings, motions to | of debt and cor<br>dismiss or to co | nvert the Chapter        | 7 case to       |
|       |  | CERTIFICATION                                     |                                     |                          |                 |
|       | I certify that the foregoing is a complete statement of any bankruptcy proceeding.   | agreement or arrangement fo                       | or payment to me for                | or representation of the | e debtor(s) in  |
| Date  | ed: <b>March 16, 2015</b>  | /s/ JOHN H. RED                                   | FIELD                               |                          |                 |
|       |  | JOHN H. REDFIE                                    |                                     | 01                       |                 |
|       |  | Crane, Heyman,<br>Suite 3705                      | Simon, Weich &                      | Ciar                     |                 |
|       |  | 135 South LaSal                                   |                                     |                          |                 |
|       |  | Chicago, IL 6060<br>312-641-6777 Fa               |                                     | 1                        |                 |

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## United States Bankruptcy Court Northern District of Illinois

| 1        | n se            | Carolyn L. MI                      | ller          |   |                                     |   |   | Care No                |                                      |                                    |
|----------|-----------------|------------------------------------|---------------|---|-------------------------------------|---|---|------------------------|--------------------------------------|------------------------------------|
|          |                 |                                    |               |   |                                     | Ochtor(s)                                   |   | Chapter                | 7                                    |                                    |
|          |                 | DIS                                | CL            | OSURE OF COMI   | PENSATI                             | ON OF AT                                    | TORNEYI                                 | OR DE                  | CBTOR(S)                             |                                    |
| 1        | [ is            | นี้สำนากจะมาให้กับ อน              | e year        | 19(a) and Backetpicy Rule<br>r before the filing of the pa<br>terterapidion of or in core               | aution in hunl                      | auply, or have                              | id to be peld to n                      | a, for ecti            | onned deblor and<br>deca rendered or | ihu conpossice<br>to be endered ou |
|          |                 | for topal nervic                   | (5, I).       | ince il ligación in consent   | ***** *** *. *** **                 | rist s gave vi, w                           |   |                        | 2,336.00                             |                                    |
|          |                 |                                    |               | his suitement I have excels   |                                     |   |   |                        | 2,338,00                             |                                    |
|          |                 | Bulance Day                        |               | TATEST   POPER  |                                     |   | \$                                      | -10 F 14 F             | 9.00                                 |                                    |
| 2        | ļ               | 0.00 of the fil                    | ing fo        | ne has been puid.   |                                     |   |   |                        |                                      |                                    |
| <u>.</u> | Th              | e source of the con                | nper          | sation paid to me was   |                                     |   |   |                        |                                      |                                    |
|          |                 | M Debtor                           |               | Other (specify):  |                                     |   |   |                        |                                      |                                    |
| 45       | Th              | came of busine                     | ppario        | on to be parti to use is:   |                                     |   |   |                        |                                      |                                    |
|          |                 | ■ Debror                           |               | Olov (specify)t   |                                     |   |   |                        |                                      |                                    |
| 2.       | 28              | Laure not agreed                   | to sh         |   | impensation s                       | with any other p                            | craga palesa iba,                       | auung.                 | sen and engelet                      | es of my ten firm.                 |
|          |                 | I have agreed to copy of the agree | thice<br>ment | the above-disclosed some<br>out to left a disk college.   | end <b>s</b> ien wie<br>endes el de | а Эсеков от раз<br>реорік жылық             | ions who are not<br>in the compensat    | members<br>on is attac | or supposites of s<br>ched.          | ny havifest. A                     |
| 5,       | lla:            | Komjen for the above               | æ dis         | distad for, i love agreed l   | o rander lega                       | service for all i                           | ispects of the bill                     | ikruptey o             | on, including:                       |                                    |
|          | b.              | Decouration and ti                 | ling o        | thancisi situation, and re<br>of any petition, echecules,<br>other at the meeting of cre<br>eded)       | statement of a                      | daise and clan                              | windsity may be to                      | guired:                |                                      | makrupicy:                         |
| 75       | Ву              | adversary                          | proc          | ions), the above disclored<br>eedings, complaints to<br>locedings, attandance<br>ir under the Mankrupts | o douernier.<br>ent orezase         | r qlachargeab<br>Iono, neolina              | lifty of deat an<br>Ho diamine or       | to convi               |                                      | 7 0000 10                          |
|          |                 |                                    |               | **** *** *** *** *** *** *** *** *** *  | CERT                                | PICATION                                    | * * · · ·                               |                        |                                      |                                    |
| ihu      | l ce<br>Lagrage | mily that the foreg                | ning.         | is a complete libilitaset di  | នា) ស្ពះខិតចេត                      | a or unobeding                              | nt for neg mest a                       | ne for re              | จุกรุงกับปาก ชมิน                    | se dobšeoja) in                    |
| Dat      | ted             | March 13, 201                      |               |   | 37.00                               | Suite 3705<br>135 South La<br>Chienga, IL 1 | OFIELO<br>an, Simon, Wi<br>Salle Street |                        | af                                   |                                    |

LAW CIPYICES

## CHANE, HEYMAN, SIMON, WELCH & CLAR

EUGENS CRANE
ALTHUR Q. 5000
DAVID R WELCH
SCOTT R CLAR
JESSHEY C. DAN
JOHN H. MEDSTELD
BRIAN R WELCH

OLENA E HEYMAN, OF COUNCE, THOMAS N. SOLOTES OF COUNTEL Dear New Client: SWITE 3706 135 SOUTH \_ASAULE STREET CHICAGO ILLINGIS 60603-4287

> (G12) 041-8777 848 (912) 841-711-

WANTER AN ENERGY AND COM

This letter is to confirm the agreement reached with you concerning the retention of the law firm of Grane, Heyman, Simon, Welch & Clar ("CHSW&C") for purposes of a workout of your existing debt or the filing of a Chapter 7 bankruptcy case on your behalf. After review of this letter, please sign on the signature lines provided, acknowledging your understanding of the terms of our retention, and return the original to our office.

## Scope of Services

It is contemplated that our representation will include the following:

- Review of documents presented to us;
- Preparation of petition, schedules, statement of affairs and other documents for filing;
- Correspondence and phone conferences with creditors and other parties regarding automatic stay;
- Preparation for and attendance at one Meeting of Creditors;
- Negotiating reaffirmation agreements; and
- Advising you regarding your rights, duties and other aspects of the bankruptcy laws.

### Exclusions

THE RETAINER SET FORTH IN THIS AGREEMENT DOES NOT INCLUDE CONTESTED MATTERS OR ADVERSARY LITIGATION, IF ANY, INCLUDING BUT NOT LIMITED TO EXEMPTION DISPUTES, ABUSE OF BANKRUPTCY SYSTEM PURSUANT TO 11 U.S.C. § 707, LIEN AVOIDANCE, DISCHARGE AND DISCHARGEABILITY COMPLAINTS AND DISPUTES. IT ALSO DOES NOT INCLUDE 2004 EXAMINATIONS, AUDITS, REAFFIRMATION HEARINGS. MEANS DISPUTES, TAX DISPUTES, DIVORCE DISPUTES, UNUSUAL PRODUCTIONS OF DOCUMENTS AND OTHER NON-ROUTINE MATTERS.

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LAW DEFICES

| CRANE, HEYMAN, | SIMON, | WELCH | 8 | CLAR |
|----------------|--------|-------|---|------|
|----------------|--------|-------|---|------|

Page 2

You have or will have paid the sum of \$ \( \frac{1}{2} \) \( \frac{1}{2} \) as an advance payment retainer for this engagement. In consideration of the payment of this retainer, CHSW&C agrees to provide legal services on your behalf in connection with the matters for which CHSW&C has been retained.

This retainer agreement does not cover adversary proceedings including, but not limited to, discharge and dischargeability cases. This retainer is non-refundable and is treated as income by CHSW&C upon its receipt. You retain no legal or equitable interest in the reminer. Any portion of this Retainer that is not earned or required for expenses will be refunded to the Debtor, after application of this Retainer to accrued legal services and expenses.

For your information the current hourly rates for CHSW&C are as follows:

| Eugene Crane                  | \$495.00 |
|-------------------------------|----------|
| Arthur G. Sanon               |          |
| David K. Welch                | \$495,00 |
| Scot R, Clar                  | \$495.00 |
| Jeffrey C. Dan                | \$420.00 |
| John H. Redfield.             | \$395.00 |
| Brian P. Weich,               |          |
| Glenn R, Heyman (Of Counsel)  | \$495.00 |
| Thomas W. Goeden (Of Counsel) | \$430,00 |

The above hourly rates are subject to change on January 1 of each year.

Thank you for the opportunity to be of service to you. We look forward to a successful relationship. Of course, should there be any questions concerning our representation, please do not hesitate to contact the undersigned.

| Very truly yours,                  |                    |
|------------------------------------|--------------------|
| CRANE, HEYMAN, SIMON, WEUCH & CLAR |                    |
| By: John H. Redfield               |                    |
| AGREED, ACCEPTED AND UNDERSTOOD:   |                    |
| By: Carolyn Amulu                  | Date: 3   8   3015 |
| By.                                | Date:              |

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

## 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

## 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

## Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

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B 201B (Form 201B) (12/09)

|         | Un                     | Northern District of Illinois   |                      |
|---------|------------------------|---|----------------------|
| In re   | Carolyn L. Miller      |   | Case No.             |
|         |                        | Debtor(s)   | Chapter 7            |
| Code.   | UNDER § 3              | N OF NOTICE TO CONSUMER 342(b) OF THE BANKRUPTCY (  Certification of Debtor have received and read the attached notice, | ` '                  |
| Caroly  | n L. Miller            | X /s/ Carolyn L. Miller   | march 16, 2015       |
| Printed | d Name(s) of Debtor(s) | Signature of Debtor   | Date                 |
| Case N  | No. (if known)         | X   |                      |
|         |                        | Signature of Joint De   | Debtor (if any) Date |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C.  $\S$  342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

# United States Bankruptcy Court Northern District of Illinois

|       |  | Not ther if District of Illinois                            |                             |                |
|-------|--|---|-----------------------------|----------------|
| In re | Carolyn L. Miller                          |   | Case No.                    |                |
|       |  | Debtor(s)   | Chapter 7                   |                |
|       | VE   | RIFICATION OF CREDITOR M                                    | <b>IATRIX</b>               |                |
|       |  | Number of   | Creditors:                  | 37             |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credi                      | tors is true and correct to | the best of my |
| Date: | March 16, 2015                             | /s/ Carolyn L. Miller Carolyn L. Miller Signature of Debtor |                             |                |

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1460 Renaissance D. Park Ridge, IL 60068

Armor Systems 1700 Kiefer Dr., Ste. 1 Zion, IL 60099

Dress Barn PO Box 659704 San Antonio, TX 78265-9704 Med Busi Bur 1460 Renaissance D. Park Ridge, IL 60068

Baxter Credit Union Secured Credit Card PO Box 660493 Dallas, TX 75266-0493 Fiat Financial 310 W. Main St. Carpentersville, IL 60110 Movado

Baxter Credit Union 340 N. Milwaukee Ave. Vernon Hills, IL 60061

House Shopper Network P.O. Box 659707 San Antonio, TX 78265

New York and Company PO Box 659728 San Antonio, TX 78265-9728

Capital One P.O. Box 6492 Carol Stream, IL 60197-6492 JC Penney Synchrony Bank/JCP PO Box 960090 Orlando, FL 32896-0090

PHH Mortgage Mortgage Service Center P.O. Box 5452 Mount Laurel, NJ 08054-5452

Capital One P.O. Box 6492 Carol Stream, IL 60197-6492

Kay Jewelers PO Box 740425 Cincinnati, OH 45274-0425

PHH Mortgage Mortgage Service Center PO Box 0112 Palatine, IL 60055-0112

Care Credit GE Capital Retail Bank PO Box 960061 Orlando, FL 32896-0061

Kohl's P.O. Box 2983 Milwaukee, WI 53201-2983

Portfolio Recovery 120 Corporate Boulevard Norfolk, VA 23502

Cash Store 1125 Sout hIL Route 31, Ste. D Crystal Lake, IL 60014

Lane Bryant P.O. Box 659728 San Antonio, TX 78265-9728

Springleaf Financial 7020 Huntley Rd., Ste. 3 Carpentersville, IL 60110

Chase Cardmember Services P.O. Box 15298 Wilmington, DE 19886

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